

2018 Current Fiscal Year Report: Pain Management Best Practices Inter-Agency Task Force

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1. Department or Agency

Department of Health and Human Services

2. Fiscal Year

2018

3. Committee or Subcommittee

Pain Management Best Practices Inter-Agency Task Force

3b. GSA Committee No.

2623

4. Is this New During Fiscal Year?

Yes

5. Current Charter

10/24/2017

6. Expected Renewal Date

10/24/2019

7. Expected Term Date

07/22/2019

8a. Was Terminated During Fiscal Year?

No

8b. Specific Termination Authority

8c. Actual Term Date

9. Agency Recommendation for Next Fiscal Year

Continue

10a. Legislation Req to Terminate?

No

10b. Legislation Pending?

Not Applicable

11. Establishment Authority

Statutory (Congress Created)

12. Specific Establishment Authority

Section 101 of P.L.114-198

13. Effective Date

07/22/2016

14. Committee Type

Continuing

14c. Presidential?

No

15. Description of Committee

National Policy Issue Advisory Board

16a. Total Number of Reports

No Reports for this Fiscal Year

17a. Open Meetings and Dates 2 17b. Closed Meetings and Dates 0 17c. Partially Closed Meetings and Dates 0 Other Activities 0 17d. Total Meetings and Dates 2

Purpose	Start	End
This inaugural meeting of the Pain Management Best Practices Inter-Agency Task Force consisted of an overview of various topics surrounding pain management, and the establishment of the Task Force subcommittee structure. Federal, state, local, and professional medical and health organization representatives provided their current perspectives on pain management. The Task Force discussed clinical best practices, gaps and inconsistencies focused on prevention and treatment; mental health and addiction; special populations; education; providers; payors; service and delivery; and research and innovation. Personal testimonials of people living in pain were given. The Task Force deliberated and voted on establishing subcommittees for developing the best practices report.	05/30/2018	05/31/2018
The second meeting of the Pain Management Best Practices Inter-Agency Task Force discussed proposed updates to existing best practices and voted on draft recommendations that addressed gaps or inconsistencies for pain management, including chronic and acute pain.	09/25/2018	09/26/2018

Number of Committee Meetings Listed: 2

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	\$0.00	\$0.00

18a(2). Personnel Pmts to Federal Members	\$0.00	\$0.00
18a(3). Personnel Pmts to Federal Staff	\$242,028.00	\$287,745.00
18a(4). Personnel Pmts to Non-Member Consultants	\$0.00	\$0.00
18b(1). Travel and Per Diem to Non-Federal Members	\$60,000.00	\$30,000.00
18b(2). Travel and Per Diem to Federal Members	\$0.00	\$0.00
18b(3). Travel and Per Diem to Federal Staff	\$0.00	\$0.00
18b(4). Travel and Per Diem to Non-member Consultants	\$0.00	\$0.00
18c. Other(rents,user charges, graphics, printing, mail, etc.)	\$866,779.83	\$500,000.00
18d. Total	\$1,168,807.83	\$817,745.00
19. Federal Staff Support Years (FTE)	2.00	2.00

20a. How does the Committee accomplish its purpose?

Under Section 101 of the Comprehensive Addiction and Recovery Act of 2016 (Public Law 114-198) (CARA), the Secretary of Health and Human Services, in cooperation with the Secretary of Veterans Affairs and the Secretary of Defense, is required to convene a Pain Management Best Practices Inter-Agency Task Force. It is stipulated that the Task Force shall identify, review, and, as appropriate, determine whether there are gaps in or inconsistencies between best practices for pain management (including chronic and acute pain) developed by federal agencies. It also is stipulated that not later than one year after it is convened, the Task Force shall propose updates to best practices and recommendations on addressing the gaps or inconsistencies that are identified, as appropriate. The Task Force shall submit the proposed updates and recommendations to relevant federal agencies and the general public. The Task Force also shall develop a strategy for disseminating information about best practices for pain management, including chronic and acute pain, to stakeholders, if appropriate.

20b. How does the Committee balance its membership?

The Task Force will consist of not more than 30 members. The membership will include currently licensed and practicing physicians, dentists, and non-physicians and prescribers; currently licensed and practicing pharmacists and pharmacies; experts in the fields of pain research and addiction research, including adolescent and young adult addiction research; experts on the health of, and prescription opioid use disorders in, members of the Armed Forces and veterans; and experts in the field of minority health. Under CARA Section 101(c)(5), it is stipulated that the membership composition will also include individuals who are appointed to serve as representatives of pain management professional organizations; the mental health treatment community; the addiction treatment community, including individuals in recovery from substance use disorder; pain advocacy groups, including patients; veteran service organizations; groups with expertise

on overdose reversal, including first responders; State medical boards; and hospitals. The members are appointed by the Secretary of Health and Human Services, who will ensure that the Task Force membership includes individuals who represent rural and underserved areas.

20c. How frequent and relevant are the Committee Meetings?

It is stipulated in the charter that the Task Force will meet not less than twice a year, depending upon the availability of funds. These meetings will be in person, but may be conducted by teleconference or videoconference at the discretion of the DFO. The Task Force will discuss topics and issues that are pertinent to its mission during these meetings. The Task Force's deliberations during the meetings will be critical for developing the report that must be submitted to relevant federal agencies and the general public to comply with the authorizing statute.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

The Pain Management Best Practices Inter-Agency Task Force (Task Force) is a non-discretionary federal advisory committee. Establishment of the Task Force was statutorily mandated by Congress. The mandate to establish the Task Force can be found in the Comprehensive Addiction and Recovery Act of 2016 (Public Law 114-198) under Section 101. The statute stipulates that the Task Force will consist of representatives of specific federal agencies and non-federal individuals and entities who have expertise and knowledge about the topics and issues that are pertinent to the mission of the Task Force. The membership composition will include diverse disciplines and views. The Task Force will provide expert advice and recommendations to relevant federal agencies and the general public for development of best practices for pain management and prescribing pain medication and a strategy for disseminating such best practices.

20e. Why is it necessary to close and/or partially closed committee meetings?

All of the meetings of the Task Force will be open to the public unless it is determined by the Secretary or designee that a meeting will be closed and/or partially closed because the topics to be discussed are confidential and/or sensitive in nature.

21. Remarks

The charter for the Task Force was approved by the Acting Secretary for Health and Human Services on October 23, 2017. The charter was filed with the appropriate Congressional committees and the Library of Congress on October 24, 2017. The Task Force membership was announced on May 3, 2018 and are posted to the Task Force website (<https://www.hhs.gov/ash/advisory-committees/pain/index.html>). On May 30-31,

2018, Task Force members were formally introduced and subcommittees were established at the inaugural Task Force meeting. On September 25-26, 2018, the Task Force voted to approve draft gaps and recommendations at the second Task Force meeting. Under the category of "Other Costs," the contract was modified to hold additional subcommittee meetings, obtain medical writers, analyze the public comments for each public meeting and edit during the development of the draft report.

Designated Federal Officer

Alicia Richmond Scott Designated Federal Officer

Committee Members	Start	End	Occupation	Member Designation
Adkinson, Sondra	05/30/2018	07/22/2019	Pharmacist	Special Government Employee (SGE) Member
Brandow, Amanda	05/30/2018	07/22/2019	Expert in the field of minority health	Special Government Employee (SGE) Member
Campos, Rene	05/30/2018	07/22/2019	Representative of a veteran service organization	Representative Member
Cheng, Jianguo	05/30/2018	07/22/2019	Representative of pain management organization	Representative Member
Clauw, Daniel	05/30/2018	07/22/2019	Expert in the field of pain research	Special Government Employee (SGE) Member
Daviss, Steve	05/30/2018	08/27/2018	HHS/OCMO	Regular Government Employee (RGE) Member
Fellers, Jonathan	05/30/2018	07/22/2019	Representative of an addiction treatment and recovery community	Representative Member
Fields, Howard	05/30/2018	07/22/2019	Expert in the field of addiction research	Special Government Employee (SGE) Member
Gallagher, Rollin	05/30/2018	07/22/2019	Expert on the health of, and prescription opioid use disorders, member of the Armed Forces and Veterans	Special Government Employee (SGE) Member
Gazelka, Halena	05/30/2018	07/22/2019	Hospital representative	Special Government Employee (SGE) Member
Griffith, Scott	05/30/2018	07/22/2019	Department of Defense	Regular Government Employee (RGE) Member
Hagemeier, Nicholas	05/30/2018	07/22/2019	Licensed and practicing pharmacist	Special Government Employee (SGE) Member
Hertz, Sharon	05/30/2018	07/22/2019	Food and Drug Administration	Regular Government Employee (RGE) Member
Losby, Jan	05/30/2018	07/22/2019	HHS/CDC	Regular Government Employee (RGE) Member
Lynch, Michael	05/30/2018	07/22/2019	Represents groups with expertise on overdose reversal, including first responders	Representative Member
McGraw, John	05/30/2018	07/22/2019	Expert on health of, and prescription opioid use disorders, member of the Armed Forces and Veterans	Special Government Employee (SGE) Member
Meagher, Mary	09/30/2018	07/22/2019	Mental health treatment community representative	Representative Member
Ohuoha, Chideha	05/30/2018	07/22/2018	HHS/SAMHSA	Regular Government Employee (RGE) Member
Porter, Linda	05/30/2018	07/22/2019	HHS/NIH	Regular Government Employee (RGE) Member
Prunskis, John	05/30/2018	07/22/2019	Licensed and practicing physician	Special Government Employee (SGE) Member
Rosenberg, Mark	05/30/2018	07/22/2019	Hospital representative	Representative Member

Rutherford, Molly	05/30/2018 07/22/2019 Licensed and practicing physician	Special Government Employee (SGE) Member
Sandbrink, Friedhelm	05/30/2018 07/22/2019 VA	Regular Government Employee (RGE) Member
Schoneboom, Bruce	05/30/2018 07/22/2019 Non-physician and prescribers	Special Government Employee (SGE) Member
Singh, Vanila	05/30/2018 07/22/2019 HHS/OASH	Regular Government Employee (RGE) Member
Spitznas, Cecelia	05/30/2018 07/22/2019 ONDCP	Regular Government Employee (RGE) Member
Steinberg, Cindy	05/30/2018 07/22/2019 Representative of pain advocacy groups, including patients	Representative Member
Trescot, Andrea	05/30/2018 07/22/2019 Representative of a pain management organization	Representative Member
Tu, Harold	05/30/2018 07/22/2019 Licensed and practicing dentist	Special Government Employee (SGE) Member
Zafran, Sherif	05/30/2018 07/22/2019 Represents state medical boards	Representative Member

Number of Committee Members Listed: 30

Narrative Description

Not Applicable

What are the most significant program outcomes associated with this committee?

Checked if Applies

Improvements to health or safety	<input checked="" type="checkbox"/>
Trust in government	<input type="checkbox"/>
Major policy changes	<input checked="" type="checkbox"/>
Advance in scientific research	<input checked="" type="checkbox"/>
Effective grant making	<input type="checkbox"/>
Improved service delivery	<input checked="" type="checkbox"/>
Increased customer satisfaction	<input type="checkbox"/>
Implementation of laws or regulatory requirements	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>

Outcome Comments

Under CARA Section 101, the Task Force is required to propose recommendations that address gaps and inconsistencies in clinical best practice guidelines on pain management. During the second Task Force meeting, on September 25-26, 2018, draft recommendations were voted on which will be posted for public comment in the first quarter of FY 19.

What are the cost savings associated with this committee?

Checked if Applies

None	<input type="checkbox"/>
Unable to Determine	<input checked="" type="checkbox"/>
Under \$100,000	<input type="checkbox"/>
\$100,000 - \$500,000	<input type="checkbox"/>
\$500,001 - \$1,000,000	<input type="checkbox"/>
\$1,000,001 - \$5,000,000	<input type="checkbox"/>
\$5,000,001 - \$10,000,000	<input type="checkbox"/>
Over \$10,000,000	<input type="checkbox"/>
Cost Savings Other	<input type="checkbox"/>

Cost Savings Comments

Not Applicable

What is the approximate Number of recommendations produced by this committee for the life of the committee?

0

Number of Recommendations Comments

Not Applicable

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

0%

% of Recommendations Fully Implemented Comments

Not Applicable

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?

0%

% of Recommendations Partially Implemented Comments

Not Applicable

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes ☐ No ☒ Not Applicable ☐

Agency Feedback Comments

Not Applicable

What other actions has the agency taken as a result of the committee's advice or recommendation?

Checked if Applies

Reorganized Priorities	<input type="checkbox"/>
Reallocated resources	<input type="checkbox"/>
Issued new regulation	<input type="checkbox"/>
Proposed legislation	<input type="checkbox"/>
Approved grants or other payments	<input type="checkbox"/>
Other	<input type="checkbox"/>

Action Comments

Not Applicable

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

Not Applicable

How is access provided to the information for the Committee's documentation?

Checked if Applies

Contact DFO	<input type="checkbox"/>
Online Agency Web Site	<input type="checkbox"/>
Online Committee Web Site	<input type="checkbox"/>
Online GSA FACA Web Site	<input type="checkbox"/>
Publications	<input type="checkbox"/>
Other	<input type="checkbox"/>

Access Comments

Not Applicable